| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004 |                                                                               |                                                                                                      |                                                  |                                                |                        |                                       |       |                     | Apr                                              | Application or Docket Number |                     |                        |  |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------|------------------------|---------------------------------------|-------|---------------------|--------------------------------------------------|------------------------------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I SMALL EN                                       |                                                                               |                                                                                                      |                                                  |                                                |                        |                                       |       |                     | 1 / () TITY                                      | 0R                           |                     | R THAN<br>ENTITY       |  |
|                                                                         | - NATIONAL                                                                    | L STAGE FEES                                                                                         | (Colum                                           | in 1)                                          | П                      | (Column 2)                            | 7     | f                   | T                                                | 7                            |                     |                        |  |
|                                                                         |                                                                               | . STAGE FELO                                                                                         |                                                  | <del></del>                                    | <u> </u>               |                                       | 1     | RATE                | FEE                                              | 4                            | RATE                | FEE                    |  |
|                                                                         | SIC FEE                                                                       |                                                                                                      | SMALL ENT                                        |                                                |                        | RGE ENT. = \$ 300                     |       | BASIC FEE           |                                                  | OR                           | BASIC FEE           | 1200                   |  |
| EX                                                                      | AMINATION FI                                                                  | EE                                                                                                   | (4) = \$ 50                                      | 0 / \$ 100                                     |                        | other situations =<br>\$ 100 / \$ 200 |       | EXAM. FEE           | Ī                                                | 1                            | EXAM. FEE           | 1201                   |  |
| SE/                                                                     | ARCH FEE                                                                      | .•                                                                                                   | U.S. is ISA = \$ ALL other cou                   | ountries =                                     |                        | other situations =<br>\$ 250 / \$ 500 |       | SEARCH FEE          |                                                  |                              | SEARCH FEE          | 140                    |  |
| FEE                                                                     | E FOR EXTRA                                                                   | SPEC. PGS.                                                                                           | min                                              | minus 100 =                                    |                        | / 50 <b>=</b>                         |       | X \$ 125 =          |                                                  | 1                            | X \$ 250 =          |                        |  |
| тот                                                                     | TAL CHARGEA                                                                   | ABLE CLAIMS                                                                                          | 14 mi                                            | inus 20 =                                      | •                      |                                       |       | X \$ 25 =           |                                                  | OR                           | X \$ 50 =           |                        |  |
| IND                                                                     | DEPENDENT CI                                                                  | ;LAIMS                                                                                               | <del>                                     </del> | ninus 3 =                                      | *                      |                                       |       | X \$ 100 =          | <del>                                     </del> | OR                           |                     | <del> </del>           |  |
| MUI                                                                     | LTIPLE DEPEN                                                                  | NDENT CLAIM PR                                                                                       | ESENT                                            |                                                |                        |                                       |       | + \$ 180 =          |                                                  | OR                           | + \$ 360 =          | 3(1)                   |  |
| * If                                                                    | the differenc                                                                 | ce in column 1 is                                                                                    | less than zero                                   | o, enter "C                                    | )" in c                | olumn 2                               | , ,   | TOTAL               | <b> </b>                                         | OR                           | TOTAL               | 1311                   |  |
| <del></del>                                                             | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2)  CLAIMS HIGHEST |                                                                                                      |                                                  |                                                |                        |                                       | 1 1   | SMALL E             | ENTITYADDI-                                      | OR                           | OTHER<br>SMALL E    |                        |  |
| AMENDMENT A                                                             |                                                                               | REMAINING<br>AFTER<br>AMENDMENT                                                                      | <u> </u>                                         | NUMB<br>PREVIO<br>PAID F                       | USLY                   | PRESENT<br>EXTRA                      |       | RATE                | TIONAL<br>FEE                                    |                              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| <b>VDME</b>                                                             | Total                                                                         | *                                                                                                    | Minus                                            | **                                             |                        | =                                     |       | X \$ 25 =           |                                                  | OR                           | X \$ 50 =           |                        |  |
| AME                                                                     | Independent                                                                   | *                                                                                                    | Minus                                            | ***                                            |                        | =                                     |       | X \$ 100 =          | -                                                | OR.                          | X \$ 200 =          |                        |  |
|                                                                         | FIRST PRES                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CI                                                          |                                                  |                                                | LAIM                   |                                       |       | + \$ 180 =          |                                                  | OR                           | + \$ 360 =          |                        |  |
| ,                                                                       |                                                                               |                                                                                                      | <del></del>                                      | <del></del>                                    |                        |                                       | •     | TOTAL ADDIT.<br>FEE |                                                  | OR                           | TOTAL ADDIT.<br>FEE |                        |  |
|                                                                         | •                                                                             | (Column 1)                                                                                           |                                                  | (Calur                                         | - 21                   | (Onlymn 3)                            |       |                     |                                                  | ,                            |                     |                        |  |
| A<br>F<br>B                                                             |                                                                               | CLAIMS REMAINING AFTER AMENDMENT                                                                     |                                                  | (Colum<br>HIGHE<br>NUMBI<br>PREVIOU<br>PAID FO | ST<br>IER<br>USLY      | (Column 3) PRESENT EXTRA              |       | RATE                | ADDI-<br>TIONAL<br>FEE                           |                              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| OMEN                                                                    | Total                                                                         |                                                                                                      | Minus                                            | **                                             |                        | =                                     | T     | X \$ 25 =           |                                                  | OR                           | X \$ 50 =           |                        |  |
| AMENDMENT                                                               | Independent                                                                   | *                                                                                                    | Minus                                            | ***                                            |                        | = /                                   | 1     | X \$ 100 =          |                                                  | OR                           | X \$ 200 =          |                        |  |
|                                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |                                                                                                      |                                                  |                                                |                        |                                       | T     | + \$ 180 =          |                                                  | OR                           | + \$ 360 =          |                        |  |
|                                                                         |                                                                               |                                                                                                      |                                                  |                                                |                        |                                       |       | TOTAL ADDIT.<br>FEE |                                                  | OR 1                         | TOTAL ADDIT.<br>FEE |                        |  |
|                                                                         |                                                                               |                                                                                                      |                                                  |                                                |                        |                                       |       |                     |                                                  |                              | ,                   |                        |  |
|                                                                         | ,                                                                             |                                                                                                      |                                                  |                                                |                        |                                       |       | •                   |                                                  | ,                            |                     | •                      |  |
| ***                                                                     | If the "Highest Nui<br>If the "Highest Nui                                    | lumn 1 is less than the<br>umber Previously Paid<br>umber Previously Paid<br>imber Previously Paid i | d For" IN THIS SPA<br>d For" IN THIS SPA         | ACE is less to                                 | than '20'<br>than '3', | 0', enter "20".<br>', enter "3".      | n the | appropriate box     | in column 1.                                     |                              |                     |                        |  |